



The Cottage Grove Volunteer Fire Department Inc.
4030 Highway N • Cottage Grove, WI 53527



Continuing Education Award Application

Application must be returned completed by mail or email to the Cottage Grove Volunteer Fire Department Continuing Education Committee No Later than April 1, 2024. Email: mmabie@cottagegrovefire.org

Name: _____

Permanent Address: _____

Telephone No: _____

Birth date: _____

Scholastic Information

(Attach Additional Sheets if Needed)

Circle the appropriate eligibility status description below:

- A. I live in the Town or Village of Cottage Grove.
- B. I am a high school senior.
- C. I am an adult living in the Town or Village of Cottage Grove and will have completed at least two terms or semesters of post secondary education by September 2022.
- D. I am a daughter, son, or grandchild of an active or honorary member of *The Cottage Grove Volunteer Fire Dept. Inc.* If you are, name the member. _____
- E. I will be, or have been registered, in a certified adult educational or vocational training program and I live in the Village or Town of Cottage Grove.



Emergency
911

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Business
(608) 839-4343

1. Identify your educational and occupational plans and goals and anticipated institution.

2. What is your anticipated major or course of concentration:

3. What High School will you be graduating from, or post-secondary school are you attending:

4. State your current or last record overall grade point (or letter) average:
(Please provide proof with this application)

5. Will you be applying for and/or anticipate receiving other grants or awards (If so please name)

6. Will you be enrolling for Fire Service or a Medical career?

7. List any community activities, organizations, or volunteer work you are or have been involved with including offices held or responsibilities assigned:

8. List any high school and college clubs, organizations, and activities you have participated in:

9. List any scholastic, citizen and occupational awards, credits, or honors received:



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10. Please state why you would like to receive this award:

11. Any general comments you wish to make:

12. Will you be enrolled for at least two semesters?

Financial Information

Complete this section using the past year as ending December 31 as your reference:

1. How much will your parents be giving in financial help to your education _____

2. Applicant's Income

- A. Your past monthly income. _____
- B. Past year income ending Dec 31 _____
- C. Projected income while in school training _____
- D. Spouses income _____

3. Applicant's Assets

- A. Saving Accounts/ Cash/ Stocks Value _____
- B. Property real or personal _____
- C. Automobile/ Cycle _____
- D. Other _____

4. Projected annual education or training expense _____

5. Will you be borrowing money for your education _____

6. Annual Tuition or cost of the training program _____

7. Residence while at school: _____

8. Identify any unusual individual or family hardship or other circumstances which affect your need for financial assistance:



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I hereby certify that I meet the residency and eligibility requirements and the above information is true and accurate. I also certify that the information on this document is accurate to the best of my knowledge.

Applicants Signature _____ Date _____

Parents Signature _____ Date _____